OBSTETRICS.

UNDER THE CHARGE OF

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Mitral Stenosis and Pregnancy.—French and Hicks (*Jour. Obst. and Gyn. Brit. Empire,* September, 1906) contribute an interesting paper upon this subject, comprising a study of over 300 cases. Of 300 consecutive patients 205 were married. In 66 per cent. no direct relation between pregnancy and heart failure could be proved. The average number of children to each mother was 4.5. In 28 per cent. there was a direct relation between childbearing and heart disease. In 25 the heart trouble began in pregnancy, while in 25 the first symptoms were observed in the puerperal state. In 7, it was impossible to determine whether the heart disease showed itself first, before, during, or after the birth of the child. As regards the result of mitral stenosis complicating childbirth, among those patients in whom the heart disease did not begin in pregnancy, 33 per cent. died in the hospital. Of those in whom heart disease began during pregnancy, 35 per cent. died in the hospital. Among 13 patients having mitral stenosis, who married but never became pregnant, 46 per cent. died in the hospital. While it is difficult to draw conclusions from hospital statistics, the mortality among married women having children and suffering from mitral stenosis, does not seem to be different from that of unmarried women, with the same heart lesion. In endeavoring to form a prognosis concerning the recovery or death of a pregnant patient suffering from mitral stenosis, great difficulty is experienced. After reviewing a considerable number of cases, the authors find that many patients suffering from mitral stenonis, and pregnant, did not develop symptoms during pregnancy sufficiently severe to send them to the hospital. The majority of these patients showed the same symptoms which non-pregnant patients with mitral stenosis presented. The treatment of mitral stenosis during pregnancy consisted in rest in bed and the administration of digitalis. Induction of labor was rarely necessary, and there was little postpartum hemorrhage. If the patient is able to be up and about without cardiac distress, it is best for her to do so. If cardiac failure threatens, she must remain absolutely quiet. There was no evidence in this series of cases that mitral stenosis tended to sterility. Among the complications most severe and fatal was fungating endocarditis. This was present in 23 per cent. of cases in which failure was not attributed to pregnancy. In 41 per cent. of those patients in whom heart disease began during pregnancy, this complication was present. In 39 per cent. of single patients, endocarditis was also found. It was not, however, present in any patient who, although married, had not been pregnant. In the whole series of fatal cases, endocarditis was found in 29 per cent.

The writers conclude that pregnancy may cause serious and even fatal heart failure in cases of mitral stenosis. They believe, however, that the dangers of pregnancy in these cases have been considerably overestimated, because based upon statistics taken from patients who did not report for treatment until heart failure had developed. They also conclude that comparatively few of these patients are sterile, and that among them abortion is not especially frequent. Labor is usually successful. Heart failure develops most often after successive pregnancies. The treatment of the condition is the same as in the non-pregnant. It is not always right to deny marriage to women who have mitral stenosis. The general condition of the patient, and her circumstances in life, should be taken into consideration.

Abdominal Hysterectomy for Inversion of the Uterus.—BARBOUR (*Jour. Obs. and Gyn. Brit. Empire*, October, 1906) reports an interesting case of inversion of the uterus, complicated by fatty degeneration. The patient was a multipara, delivered at full term two months before admission to the hospital. Labor was difficult and terminated by the use of forceps. There was considerable hemorrhage. After the delivery of the child the patient could not empty the bladder, and after getting up, was examined by a physician, who informed her that inversion had occurred. There was no hemorrhage. On admission to the hospital the pelvis was contracted. The uterus was completely inverted. Under pressure, partial replacement occurred, but could not be successfully completed. Complete inversion recurred when pressure ceased. A week later the abdomen was opened and the patient placed in the Trendelenberg position. A cup-shaped depression was visible in the floor of the pelvis, crossed by a transverse slit, into which the Fallopian tubes were drawn The posterior rim of the cup was incised. Pressure was then made on the inverted fundus through the vagina, and the uterus was replaced. It was found to be the seat of marked fatty degeneration and was accordingly removed. Supravaginal hysterectomy was done, and one ovary was removed with the uterus. The patient was discharged three weeks after operation. Microscopic examination of the uterine wall showed fatty degeneration of the muscle fibers, and between them extravasation of blood. This process affected especially the outer third of the muscular wall.

Spontaneous Inversion of the Uterus: Vaginal Hysterectomy.—FERGUSON (*Jour. Obs. and Gyn. Brit. Empire*, October, 1906) reports the case of a primipara who had a slow and tedious labor. The occiput was posterior, and the child was easily delivered with forceps without rotation of the head. The placenta was delivered by suprapubic pressure, the uterus contracting and retracting satisfactorily. There was no abnormal hemorrhage, the patient making apparently a good recovery. She did not nurse the child. At the end of the third week she resumed her usual duties, feeling perfectly well. Three weeks after this she had a considerable red, vaginal discharge. At the end of six weeks this suddenly increased, and was supposed to be menstrual. The bleeding increased, and she consulted a physician, who found her suffering from inversion of the uterus. An endeavor was made, under ether, to replace the womb, but this failed, the patient having very free bleeding. Two months after confinement she was seen in consultation. Manipulation produced such hemorrhage that the vagina was firmly packed with iodoform gauze to arrest the bleeding, and to try the effect of continuous pressure. The patient's condition was so critical that she was at once removed to a hospital in considerable shock. As the hemorrhage was not entirely controlled, the patient was anesthetized and thoroughly examined. The inverted uterus was red, congested, and bled upon the lightest touch. The orifices of both Fallopian tubes could be seen. Efforts to reinvert the uterus produced persistent bleeding. An incision was then made into the posterior fornix opening into Douglas' cul-de-sac. The index finger of the left hand was passed into the inverted cup when the constriction ring was found very unyielding. The posterior uterine wall was incised, but even this was not successful. Vaginal hysterectomy was then performed, with clamps. The ovaries were removed with the uterus, and a small subperitoneal fibroid was found near the entrance of the inversion. The patient collapsed after operation, but was resuscitated, and made a good recovery. The case was interesting for the following reasons: The etiology was obscure. A partial inversion probably existed when the placenta was delivered, and this must gradually have gone on to complete inversion. At labor the patient received skilled attention by two experienced obstetricians. The puerperal period was carefully conducted, and under constant observation. The condition developed very gradually, hemorrhage being the only significant symptom. Treatment was exceedingly difficult, because manipulation excited copious bleeding. The uterine wall was so friable that it could readily have been ruptured, and hence, a repositor could not be used.

Fifty Cases of Labor Complicated by Organic Disease of the Heart.—INGRAM and LONGRIDGE (*Jour. Obst. and Gyn. Brit. Empire*, September, 1906) report 50 cases of labor with organic heart disease, from the records of Queen Charlotte's Hospital: In 11,319 patients, these 50 cases were found. Of them 4 (8 per cent.) terminated fatally. In 1 of these, following influenza, the patient had failing compensation with fever. She was delivered by forceps, but died the twenty-eighth day after. Endocarditis, with infarcts in the kidneys and spleen, were present. The second case was admitted in a critical condition, compensation having completely failed. As the child was dead, and forceps failed, it was delivered by craniotomy. The patient died in shock soon after delivery. In the third case the patient, a multipara, had rheumatism and mitral regurgitation. Compensation had failed. Labor was short and easy, but the patient perished ten minutes after delivery. In the fourth case, also of mitral regurgitation, the patient was delivered suddenly while in a cab. She survived labor, but died from dilatation of the heart on the nineteenth day after. Among the primiparæ in this series of cases, five infants were delivered stillborn. Among the multiparæ, five infants died, none of which was viable. In only six of these patients had there been previous miscarriage. In a number of them premature labor came on spontaneously, while in some it was induced. Most of these patients had mitral regurgitation. Twenty of the fifty had stenosis and regurgitation; six had stenosis only; and three had mitral and cardiac disease together. Before labor, compensation was good in 35 of these patients. It was poor in 8, and decidedly bad in 7; only 8 of them had considerable quantities of albumin in the urine; in 27 there was none. Of the total number, delivery took place without assistance in 68 per cent. Among the 50 there were 14 forceps operations. Labor was induced in 6; craniotomy was done in 2; version in one. There were 2 cases of contracted pelvis, 2 of twins, and 2 of adherent placenta. Somewhat more blood than normal was lost in these labors. In 17 cases the condition after delivery was good among the primiparæ; 21 of the multiparæ passed through labor without distress. There were 2 deaths late in the puerperal period, and 6 of the patients suffered from dyspnœa; 3 had symptoms of sapremia. Longridge adds a note upon blood-pressure in pregnancy from the examination of 142 primiparous patients. As pregnancy advanced from the fifth to the eighth month, the blood pressure rose from 120 mm. of mercury to 140 plus.

GYNECOLOGY.

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Abdominal versus Vaginal Hysterectomy.—HARTMANN (*Zentralbl. f. Gynäkologie,* 1906, No. 35) thinks that there is no longer any indication for the vaginal operation, even in cases of acute suppuration of the adnexa. He lost only three out of 201 cases of laparotomy for diseased tubes and ovaries, and only one out of seventy-seven hysteromyomectomies. He removes the cancerous uterus by the abdominal route, but does not extirpate the lymph nodes.

Changes in the Adnexa after Extirpation of the Uterus.—BURCKHARD (*Ztschr. f. Geb. u. Gyn.*, 1906, Band lxiii, Heft 1) from experiments with rabbits found that in animals that were killed during the first year after operation the ovaries remained practically normal. Later a progressive atrophy was noted, doubtless due to circulatory disturbances. The tubes were usually unchanged. When a portion of the uterus was left it underwent cystic degeneration in over 50 per cent. of the cases, the wall being much thinned and the cavity containing an albuminous fluid, evidently secreted by the utricular glands.

Resistance of the Germinal Epithelium of the Ovary to Infection.—WOLFHEIM (*Monatsschr. f. Geb. u. Gyn.*, Band xxiv, Heft 1) conducted a series of experiments in animals in order to determine the resisting power of the surface epithelium of the ovary. As mechanical (corpuscular) irritants India ink was used in preference to other staining materials. When introduced into the peritoneal cavity, isolated cells of the germinal epithelium were found to be stained within six hours, but the particles were always arrested in this layer when the ovary was not injured. Hence the inference that the function of this epithelium is to protect the ovarian stroma from injury from without. Cultures of anthrax, streptococci. and staphylococci were employed for bacterial